

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of:

Case Number PB: _____

REQUEST AND ORDER FOR HEARING

Name of protected (or deceased) person

NOTICE: To ensure that the Consent Judgment is not entered, you must mail or hand-deliver a copy of this document to:

The Clerk of the Court, Collections Department,
201 West Jefferson, 1st Floor, Phoenix, Arizona 85003.

Check at least one of the following:

- ☐ I request a hearing on the denial of my supplemental application for waiver or further deferral.
- ☐ I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court.
I request a hearing on the calculation of the unpaid fees and/or costs.

Date: _____

Signature: _____

Print your name: _____

THE COURT COMPLETES THE FOLLOWING SECTION

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____

Hearing Time: _____

Hearing Location: _____

Hearing Officer: _____

Dated: _____

☐ Judicial Officer OR ☐ Special Commissioner

Mailed/hand-delivered to applicant on _____, by _____